REMARKS

Claim 69 has been amended to correct a typographical error. Claims 2; 7; 8; 17; 23 to 50; and 52 to 59 have been previously canceled.

Claims 1; 3 to 6; 9 to 16; 18 to 22; 51; and 60 to 69 remain in the application. The sole independent claim is claim 1.

Reexamination and reconsideration are respectfully requested in light of these amendments and the following remarks.

The claims stand rejected under 35 U.S.C 103 based upon various combinations of Bond et al US 6,398,722 (Bond); Peterson et al US 5,879,314 (Peterson); Talish US 6,432,070 (Talish); Barsotti et al US 4,791,915 (Barsotti); Moehring et al US 6,635,017 (Moehring); and Berger et al US 5,024,829 (Berger).

Independent claim 1 defines an assembly that is affixed only to the inferior and/or superior edge portions of the ultrasound applicator, to stabilize placement of the ultrasound applicator on the chest, and that is adapted that to leave the chest of the individual on lateral side portions of the ultrasound applicator substantially uncovered and bare to allow another device to be placed on bare skin alongside the ultrasound applicator at the same time the ultrasound applicator is placed on the chest and stabilized. Bond, Peterson, Talish, Barsotti, Moehring, and Berger do not teach or suggest an assembly, as defined in amended claim 1, for stabilizing placement of an ultrasound applicator on the chest, which is also adapted that to leave the chest of the individual on lateral side portions of the ultrasound applicator substantially uncovered and bare, to make it possible to allow another device to be placed on bare skin alongside the ultrasound applicator at the same time the ultrasound applicator is placed on the chest and stabilized.

Among the applied documents, only Talish shows an ultrasound transducer (for treating pain) strapped to the chect of an individual. Talish also alludes to "various modifications." However, nowhere does Talish teach or suggest an ultrasound applicator that is stabilized on a chest during use in a way that leaves the chest alongside the applicator bare. In Talish (Fig. 2), the strap assembly includes components that are affixed to the side portions of the housing. Indeed, these side components extend entirely across and cover the chest of the individual, so that it is not possible to place another device on bare skin alongside the ultrasound applicator.

The Examiner has responded: "...if the device (of Talish et al) were to be placed upon a very large patient, the chest of the patient, on the lateral side portions of the housing, would be substantially uncovered and bare. Furthermore, Talish et al disclose, in column 9, that various modifications can be made to the structural configuration of the placement module."

Applicant respectfully requests reconsideration. If the device of Talish were to be placed upon a very large patient (the Examiner's hypothetical), a fair reading of Talish would be that the placement module 14 would be made bigger to assure that the transducer assembly is properly and comfortably fitted over the pain receptors of the sympathetic nervous system of the larger patient targeted for treatment (see, e.g., Talish col 5, lines 53 to 67). Talish's device, as disclosed, is sized to fit shoulder-to-shoulder across the entire chest of a patient for this purpose. Talish expressly addresses the need to accommodate patients of different sizes, by disclosing a placement support "which may be custom molded for a particular patient" (col 5, lines 39 to 41). This is not a disclosure of "one-size-fits-all," as the Examiner's hypothetical presumes. Applicant believes that Talish does not fairly teach a "one-size-fits-all" device to treat reflective sympathetic dystrophy for individuals of all sizes. Rather, Talish sets forth in the Specification (e.g., col. 5, lines 53 to 67) and demonstrates in detailed drawings, the need to accommodate different anatomies ("custom molded for a particular patient"), to provide patient comfort (a sponge-like material for "providing comfort to the patient" -- col. 5, lines 38 to 40), and to achieve a preferred placement based upon the anatomy of each individual patient. True, Talish does comprehend "various modifications," but this does not fairly teach or suggest modifications that would make his device too large or too small to be fitted and placed in the preferred way on a particular patient to work for its intended purpose. There is nothing in Talish that teaches or suggests or contemplates the need to place another device on bare skin alongside his ultrasound applicator, and his recognition of the need to custom mold his device for each particular patient (large or small) coupled with his teaching regarding proper placement and comfort are at odds with the Examiner's hypothetical.

Applicant therefore respectfully requests the Examiner to withdraw the rejections based upon the various combinations of Bond; Peterson; Talish; Barsotti; Moehring; and Berger.

Applicant notes that Information Disclosure Statements previously submitted and acknowledged as received by the Patent Office on September 14, 2005; October 13, 2005; October 28, 2005; and May 11, 2006 (attached) have not been initialed by the Examiner as having been

considered. Applicant respectfully requests that these Information Disclosure Statements be initialed as having been considered. The Examiner's attention is directed to an additional Information Disclosure Statement that accompanies this amendment.

Allowance of claims 1; 3 to 6; 9 to 16; 18 to 22; 51; and 60 to 69 is respectfully requested.

Respectfully Submitted,

By _____
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Applicant: Thompson et al. TIMI 3 Systems, Inc.

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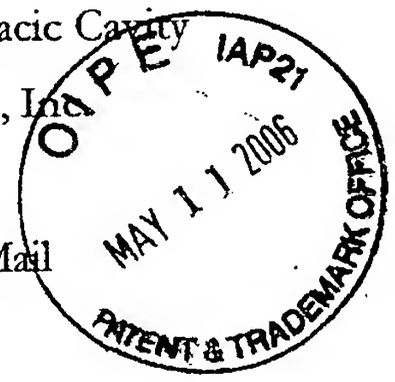

Enclosures: Amendment Transmittal; Amendment C; Transmittal of Information Disclosure Statement; Information Disclosure Statement; copy of references cited; Check No. 18967; return postcard